

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/23/2020
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NAME OF PROVIDER OR SUPPLIER CORNERSTONE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 711 SUSAN TART ROAD DUNN, NC 28335
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 12/21/20 to 12/23/20. The facility was found to be in compliance with 42 CFR 483.73 related to E-0024 (b) (6), Subpart-B-Requirements for Long Term Care Facilities. Event ID # DQI311.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Survey was conducted on 12/21/20 to 12/23/20. The facility was found not to be in compliance with 42 CFR 483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey ID # DQI311	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	<p>Continued From page 1</p> <p>providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to implement infection control practices when staff was observed removing gloves after exiting 1 of 2 (Resident ' s #1) room and not performing hand sanitization before reapplying gloves to enter Resident ' s #2 room. These practices occurred during a COVID-19 pandemic and 54 of 64 residents in the facility were located on the COVID unit.</p> <p>Findings Included:</p> <p>The facility ' s policy "Personal Protective Equipment" policy dated 10/28/2020 revealed that hand hygiene was performed before donning gloves and after removal, and gloves were not a substitute for hand hygiene.</p> <p>Example 1:</p> <p>On 12/21/20 at 12:06pm, Nurse Aide #1 was observed on the Non-COVID unit exiting Resident # 1 room and removing her gloves in the hallway trash can. After removing her gloves, Nurse Aide #1 was observed reapplying gloves without performing hand sanitation and delivering a meal tray to Resident #2.</p> <p>On 12/21/20 at 12:10pm, an interview was</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>conducted with Nurse Aide #1. She stated she was supposed to wash her hands between removal of gloves and reapplying gloves and had received training on donning and doffing PPE.</p> <p>On 12/22/20 at 3:42pm, the Infection Preventionist stated in a phone interview that after removing gloves handwashing or hand sanitization was to be performed prior to reapplying gloves.</p> <p>On 12/23/20 at 4:52pm, a phone interview was conducted with the Director of Nursing. He stated staff had received training on COVID, handwashing, and the use of PPE on orientation and with in-services. He stated Nurse Aide #1 should have performed hand hygiene after the removal of the gloves.</p> <p>On 12/23/20 at 5:26pm, a phone interview was conducted with the Administrator. He stated the facility was continuously re-educating the staff on COVID and use of PPE. He stated staff needed to sanitize their hands after removal of gloves.</p>	F 880			